

REMARKS

In the final Office Action, claims 1-3 and 7-11 were rejected as anticipated by McIntosh (6,679,909). Claim 12 was rejected as obvious over McIntosh in view of U.S. Patent 4,586,923 (Gould). By this amendment, filed with the Request for Continued Examination (RCE), the rejection is believed overcome.

The courtesy extended by the Examiner during the telephone conversation with the undersigned on May 4, 2005 is acknowledged with appreciation. During the conversation the McIntosh patent and the claims of the application were discussed, along with possible claim amendments including the direct contact of the stent with the guidewire in the present application. Applicants also pointed out the deficiencies of McIntosh which are presented below.

In the rejection, the Examiner identified "elongate wire 52, stent 60, sheath member 24 and radiopaque marker band 60." The Examiner further stated, "McIntosh discloses in figure 4 where an expandable stent (60) positioned coaxially on the wire (52). The examiner considers a stent positioned coaxially on the wire is a broader term. In fact, the device of McIntosh in fig. 4 when the expanding stent 60 is in the compressed state, then the stent would be capable of positioning on or about the wire 52." This language was repeated by the Examiner in the Advisory Action.

McIntosh does not anticipate the invention defined in claim 1. McIntosh is representative of the prior art discussed in the Background Section of Applicants' specification. McIntosh is representative of larger sized catheters with guidewire lumens which can present body access problems. Applicants' invention, as explained in the specification, advantageously provides a reduced cross-sectional dimension to enhance body access. This is achieved by mounting the stent on the guidewire. McIntosh's mounting of the stent on the catheter does not achieve this and is inapposite to the claimed invention. That is, the McIntosh stent is mounted on the catheter assembly, not the guidewire as in the present invention.

More specifically, claim 1, as amended, recites an elongate guidewire and a radially expandable stent positioned coaxially on and in direct contact with the wire such that the stent can be placed by the guidewire. McIntosh lacks these features.

It is clear that McIntosh discloses a rapid exchange catheter which is inserted over a guidewire. It is clear that the stent is positioned over the catheter, not the wire. It is clear that McIntosh lacks an assembly such that the stent can be placed by the guidewire. Item 52 identified by the Examiner is a flexible arm. Item 52 is not a guidewire:

Inner member 22 further includes a helical coil 46 having a proximal end 48 and a distal end 50. The helical coil may be positioned surrounding the guidewire lumen 40 at a location on the guidewire lumen where it extends coaxially with the catheter 34. (col. 4, lines 53-57)

The helical coil 46 may be connected to the catheter by means of flexible arms 52 which extend from the coil to a ring 54 surrounding the catheter 34 and crimped onto the catheter... The arms are adapted to transfer axial force from the catheter 34 to the helical coil 46. It will be appreciated that the helical coil 46 provides a degree of stiffness to the inner member at a position where there is no catheter, while at the same time providing adequate flexibility. (col. 4, lines 57-67)

Moreover, even assuming for the sake of argument the Examiner characterizes flexible arm 52 as a “wire”, it cannot be interpreted as a “guidewire” since it does not provide a “guide” for stent placement or any other reason. In fact, McIntosh discloses a guidewire 70 within guidewire lumen 40, and guidewire 70 does not have a stent thereon nor is the stent moved by guidewire 70 as now recited in claim 1.

Still further, claim 1 recites the stent is positioned coaxially on and in direct contact with the guidewire such that the stent can be placed by the guidewire. Clearly, this feature is not disclosed or suggested in McIntosh. The stent 60 of McIntosh is spaced from and distal of flexible arm 52. It is positioned on inner member 22 which has a guidewire lumen 40. Flexible arm 52 transfers axial force from catheter 34 to helical coil 46. Movement of arm 52 does not move or place stent 60. For this additional reason, claim 1 is not anticipated by McIntosh. Note also that guidewire 70 of McIntosh likewise does not place or move the stent.

The Examiner refers to column 5, lines 7-8 of McIntosh which states, “A self expanding stent 60 in compressed state may be positioned about the distal tip 52, held in place by outer member 24.” Applicants submit that this is misleading. Numeral 52 is the flexible arms; it is numeral 56 that is the distal tip. This is evidenced by the statements in column 5, line 10 and column 5, line 23, which more correctly identifies the distal tip with reference numeral “56.” This is consistent with the drawings. In light of this, the spacing of the arm 52 and stent in McIntosh are clear. Further, the statement in McIntosh says the stent is positioned “about the distal tip.” Therefore, even if the Examiner chooses to read distal tip 52 as the wire (which Applicant believes is improper), it still does not disclose direct contact with the wire nor placement or movement of the stent. Guidewire 70 is also spaced from stent 60 and there is no disclosure of such contact or movement.

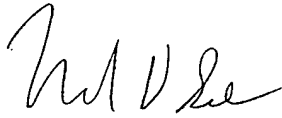
Claims 2, 3, and 7-12 depend from claim 1 and are therefore believed patentable for at least the same reasons as claim 1 is believed patentable. The Gould patent, which was applied specifically to claim 12, does not cure the deficiencies of McIntosh. New claims 33-35 depend from claim 1 and are also believed patentable for at least the same reasons as claim 1. Further note with respect to claim 33 that the stent 60 of McIntosh is not releasably connected to wire 52 nor is it proximal of the distalmost tip of wire 52 as recited in claim 1. Other recitations of the dependent claims further distinguish over McIntosh. Claims 9 and 11 are canceled without prejudice or disclaimer to minimize filing fees.

New independent claim 36 and dependent claims 37-45 have been added. No new matter has been added. These claims are believed to distinguish over the prior art. Note for example the recitation in claim 36 of the stent spaced proximal of a distalmost tip of the guidewire carrying the stent for positioning.

Applicants respectfully submit that this application is now in condition for allowance. Prompt and favorable reconsideration of the present application is respectfully requested. The Examiner is invited to contact the undersigned should the Examiner believe it would expedite prosecution.

Respectfully submitted,

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